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the best advantage, and the analysis by plants and occupations shows *where* these diseases occurred, suggesting the groups to be studied in order to effect the greatest reduction in the disability rate.

These few tables do not by any means exhaust the possibilities for obtaining useful information from employee sick benefit association records. Other factors in disability, such as age, nationality, marital status, physical defects, etc., doubtless could be easily incorporated in the records of many sick benefit societies and used in a cooperative study of these factors by several sick benefit associations or by a group of associations in cooperation with the Public Health Service.

The exclusion of all cases which do not last as long as the waiting period of course prevents knowledge of the complete story, but a study of the more serious cases can not fail to yield information of value to the whole factory organization. To the plant physician such tables are a guide and a challenge.

CONTAMINATED OYSTERS SOURCE OF TYPHOID EPIDEMIC AT HAVRE, FRANCE.

The following account of an outbreak of typhoid fever at Havre, France, is taken from "Le Petit Havre" of January 21, 1922.

During the last four months of 1921 there was a marked increase in the number of cases of typhoid fever at Havre, amounting to over five times the number of cases reported during the preceding eight months. The cases were disseminated throughout the city, not being confined to any particular quarter.

The source of the outbreak was definitely traced by the Municipal Bureau of Hygiene to the consumption of contaminated oysters. It was ascertained that oysters from recognized sanitary oyster beds were being "freshened up" by immersion in sea water from the inner and outer harbor, both of which were known to be contaminated by impurities from the city. This practice was officially prohibited on December 24, 1921, and from that date to January 16, 1922, the number of cases fell to 6 as against 35 for the whole month of December. The records of the bureau of hygiene for the year 1921 show the occurrence of typhoid fever in Havre by months as follows: January, 0; February, 4; March, 5; April, 2; May, 5; June, 2; July, 1; August, 3; *September*, 17; *October*, 44; *November*, 26; *December*, 35—122 cases (with 28 deaths) from September to December as against 22 cases during the preceding eight months.

During the war, when oyster fishing was prohibited, the number of typhoid fever cases in the civilian population did not exceed seven or eight per annum. From 1918 the number increased, particularly during the autumn and winter (oyster season).

The Commission of Hygiene of the Medical Association of Havre, after a study of the conditions obtaining at the time of the epidemic, made the following statements:

1. The drinking water was not the cause.
 2. The epidemic was caused by the consumption of oysters contaminated by being "freshened up" in the waters of the inner or outer harbor, which were known to be contaminated.
 3. With 90 per cent reduction in the consumption of oysters, the epidemic was arrested.
 4. The persons mostly attacked were women and children and men not vaccinated during the war, demonstrating the efficacy of anti-typhoid vaccination.
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COURT DECISION ON QUARANTINE OF VENEREAL DISEASES.

PERSON SUSPECTED OF BEING VENEREALLY INFECTED NOT ENTITLED TO JUDICIAL HEARING PRIOR TO TIME OF TAKING AND DETENTION.

In habeas corpus proceedings brought before him, the chief justice of the Supreme Court of Montana has decided¹ that a person, who was detained by order of a health officer because reasonably suspected of being venereally infected, was not entitled to a judicial hearing prior to the time of taking and detention. The following is the opinion of the chief justice:

The complainant herein is held by the sheriff of Missoula County under an order of the health officer of the city and county of Missoula made under the quarantine regulations established by the State board of health, under chapter 106 of the laws of the sixteenth legislative assembly, on the ground that, according to the information of the health officer, she is affected with gonorrhea, a disease declared by the statute to be contagious, communicable, and therefore dangerous to the public health. She has applied to me for a writ of habeas corpus to obtain her release on the grounds (1) that she was not granted a judicial hearing prior to the time she was taken and detained by the sheriff, and (2) that the facts do not exist showing that she is affected with the disease, and so conducts herself as to be dangerous to the public health.

1. Counsel have presented briefs in support of their several contentions, but I shall not undertake to enter here upon an examination of the numerous decisions cited by them. There is perhaps no authority to be found at this late day which denies that the legislature, under its police power, may enact laws authorizing the establishment of quarantine regulations and requiring the detention of persons affected with contagious diseases dangerous to the public health, without resort to a preliminary judicial proceeding to determine the character of the disease and the facts constituting the danger to public health. Under the statute before us the proper health officer may issue his warrant directing the arrest, without notice, of any person reasonably suspected of having a communicable disease, and his detention for a time being and until the existence and character of the disease can be determined; and in case his course of conduct or condition is such, in the judgment of the health officer, as to render it necessary, to protect the public health, to isolate such person until he recovers from the disease or until he may be released without further danger to the public. If, however, after his arrest, such person challenges the right of the authorities to continue his detention, he is entitled to have its legality inquired into upon

¹ *Ex parte Caselli.*